

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

OFFICE OF COMMUNITY DEVELOPMENT

CRITICAL NEEDS APPLICATION

GENERAL INFORMATION

Critical Needs resources are intended to provide funding for one-time, critical need of a shelter when the health, safety, and/or well-being of the residents are at risk. A dollar-for-dollar match is **not** required. Maximum request is \$10,000.

In order to be eligible to apply, the applicant must have been providing shelter and/or services to the homeless for at least one year prior to date of application and must be a nonprofit with 501(c)(3) status, or in the process of applying for this status. **Include a copy of the proof of non-profit status with this application.**

Name:		
Address:		
City:	State:	Zip:
COUNTY:	MSHDA Region:	MSHDA Organization #:
Federal Employer ID: 501(c)(3) Status <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Person:		
Title:	Phone:	Fax
Total Amount Requested:		

GENERAL INSTRUCTIONS

1. Complete all applicable parts of the application. Questions left unanswered or attachments not submitted require an explanation.
2. Only typed applications are accepted. Submit the original and two copies. Retain a complete copy of the submitted application for your records.
3. Use clear and concise language. Attachments should be used only as supporting documentation. Inaccurate information may disqualify the application.
4. Costs incurred in the preparation of this application are not reimbursable.
5. Submit applications to: **Michigan State Housing Development Authority
Office of Community Development
735 East Michigan Avenue, PO Box 30044
Lansing, MI 48909**

II Partnership Profile

Have you submitted a MSHDA Partnership Profile or Update Form within the last 12 months? () Yes () No If yes, date of submission_____

If no, you must submit a list of revenue and expenditures before receiving funds under the Critical Needs grant. (Call your CD Specialist for to receive appropriate Profile.)

III Project Plan and Site Information

(Use no more than 3 typewritten pages)

1. Please briefly describe your agency's level of participation in your local continuum of care planning.
2. Describe the immediate threat to the safe operation of your shelter that has occurred. Include the date the situation became critical. Also describe efforts to obtain funding from other others. (Other sources might include local utility provider for furnace replacement, local foundation, or service clubs, etc.).

3. Plans and/or Specifications

Provide: _____ Architectural drawing (new construction).

4. Do you have site control? ____ Yes ____ No
If no, is facility leased? How long is lease term? ____ Years

Describe ownership:

- ____ Facility owned free and clear by your organization
- ____ Facility being purchased by land contract or mortgage by your organization
- ____ Facility under option by your organization
- ____ Other (Describe)

IV Use of Funds

Rehabilitation

Address of site to be rehabilitated:

Sub-Category	Amount Requested from MSHDA	Rehabilitation Funds from Other Sources	Total Rehabilitation Costs
Plumbing			
Mechanical			
Electrical			
Carpentry			
Roofing			
Siding			
Painting			
Other:			
Other:			
TOTAL:			

In narrative form, briefly describe the rehabilitation activities you will be conducting. (Including the "other" category.)

Attachment A

BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS

The following checklist outlines the minimum requirements for shelters requesting funds under the Michigan State Housing Development Authority (MSHDA) Homeless Programs.

GENERAL

<u>YES</u>	<u>NO</u>	
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The agency has a nondiscrimination policy in place that ensures that clients will not be discriminated against on the basis of: race; religion; national origin; sex or age of the children or the size of the family, except where limited by the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Client records are secured in a locked area or locked filing cabinet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There are written policies for intake procedures and criteria for admission to the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clients are allowed to use the facility as a legal residence for the purpose of voter registration and the receipt of public benefits. |

PERSONNEL

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. There is adequate on-site staff coverage during all hours the facility is open. (A recommended ratio during awake hours should be 1 staff person to 30 residents for an adults-only facility, and 1 staff person to 20 residents for a facility housing families with children). (May not apply to some Transitional/Permanent Housing programs). |
| | | 2. All shelter staff, including volunteers, have received, at a minimum, training and orientation regarding: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Fire and emergency evacuation procedures for the facility; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Emergency procedures for medical psychiatric and/or other threatening situations; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Special needs of homeless persons; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Client confidentiality requirements; |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Appropriate chains of authority or command within the shelter. |

YES NO

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | There are written personnel policies in effect which include, at least, a Code of Ethics for all the facility personnel. |

FACILITY

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The agency complies with all state and local zoning, health, safety , and fire codes and regulations which apply to the safe operation of the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | The physical systems, premises and equipment, are maintained in a clean and sanitary condition, free of hazards in good repair. Corrections are made within 30 days of notification of a problem. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Appliances for cooking or heating are prohibited in any room used for sleeping. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Sufficient showers/baths, wash basins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissue are available for each client. |
| | | 6. | There is a fire safety plan which includes at least the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | A posted evacuation plan; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Removal of garbage from interior premises; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Properly functioning ventilation and heating systems; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Adequate fire exits |
| | | 7. | Provisions have been made for the following services: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Pest control services; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Removal of garbage from interior premises; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Properly functioning ventilation and heating systems; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Heat, electricity and water 24 hours a day |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants. Existing fixtures |

and outlets are in working order.

FOOD SERVICE (For shelters providing prepared meals for residents.)

YES NO

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|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Adequate provisions for the sanitary storage and preparation of foods are made. Meals are nutritionally balanced. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Requirements of a licensed food service establishment under Public Health Code MCL 333.12901 et. Seq. are met. |

HEALTH

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | First aid equipment and emergency medical supplies are available at all times. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Staff have access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone. |

OPERATIONS

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Residents are furnished information about available services in the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The shelter holds money or food stamps, if requested by resident and also keeps adequate records of the residents' money and stamps. The money and stamps are available to the residents upon request without unreasonable delay. |
| | | 4. | The following are posted and distributed to residents in appropriate languages: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Rules of the shelter; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Shelter residents' rights and responsibilities; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | A list of standards for conditions in shelters; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | The shelter's internal grievance procedures. |

If you have answered "NO" to any of the above questions, please explain what actions you are taking in order to meet these shelter standards.